

# WALLINGFORD OFFICE OF EMERGENCY MANAGEMENT NEW CERT MEMBER APPLICATION



## WALLINGFORD CERT VOLUNTEER MEMBERSHIP

**Applicant Instructions:** Please complete the attached by typing or printing using black ink. Completed applications and applicable attachments may be e-mailed or hand delivered, to the Office of Emergency Management. Applications may also be delivered to Central Fire Headquarters. The OEM Director will contact you to arrange an interview after reviewing your application and applicable forms have been processed.

**OEM:** 143 Hope Hill Rd  
Wallingford, CT 06492  
**Email:** [wlfdcert@gmail.com](mailto:wlfdcert@gmail.com)

**Central Fire HQ:** Dept. of Fire and Emergency Services  
75 Masonic Ave  
Wallingford, CT 06492  
Phone: (203) 294-2731

# WALLINGFORD OFFICE OF EMERGENCY MANAGEMENT NEW CERT MEMBER APPLICATION

**Purpose:** The goal of this program is to provide a standardized method of accepting new members onto the OEM/CERT team. New members will be accepted in compliance with all laws and standards.

The follow will be set forth under the authority of the Towns Emergency Management Director as the minimum standard required to service as a member of the Towns Office of Emergency Management.

## **General Requirements:**

- Be 18 years old or older.
- Have a valid CT Driver's License with no moving violations in the past 5 years as verified with driver's license history check. Please include copy of driver's license.
- Be physically capable of lifting 50 lbs. from the ground using proper lifting techniques.
- Provide proof of Covid-19 vaccination and flu vaccination.

**Application/Investigation:** This process will be done in accordance with OEM and Department of Fire and Emergency Services review process. This process shall be following all labor laws.

**Acceptance:** Acceptance shall be granted to new members in accordance with agency policies. New members shall not be permitted to respond to emergency calls until they have satisfied the training requirements stated in the job description for OEM/CERT Member.

**Training:** New members will be required to complete FEMA Community Emergency Response Team training program.

- Haz-Mat First Responder Awareness (OSHA 1910:120)
- Blood Borne Pathogens Training (OSHA 1910:1030)
- American Heart Association CPR/First Aid Course

Additionally, documentation that Incident Command Training has been completed for:

- ICS 100
- ICS 200
- ICS 700
- ICS 800

**Utilization:** Upon successfully completing all training requirements, recruit members will be able to respond to all dispatched incidents with OEM/CERT

**WALLINGFORD OFFICE OF EMERGENCY MANAGEMENT  
NEW CERT MEMBER APPLICATION**

Type or print using black ink.

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ How long have you resided at this address? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ License Class: \_\_\_\_\_

Do you have any motor vehicle violations? \_\_\_\_ Yes \_\_\_\_ No If yes, when? \_\_\_\_\_

Type of violation: \_\_\_\_\_ Endorsement: \_\_\_\_\_ Restrictions: \_\_\_\_\_  
**(Please attach a copy of your driver's license)**

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Current Certifications: \_\_\_\_ EMS (MRT, EMT, etc.) \_\_\_\_ Fire Service (FF1, FF2, etc.)  
\_\_\_\_ Paramedic \_\_\_\_ Other: \_\_\_\_\_  
(Attach copies of any certs you presently hold)

By signing this application, I acknowledge that I have read and understand all the questions. Further, I attest to the accuracy and completeness of the information provided, I understand that I must complete a three (3) month probationary period. I also understand that to maintain my membership as an OEM/CERT volunteer, I must comply with the rules and regulations of CERT/ OEM and the standard operating procedures (SOP's) of the Office of Emergency Management. I agree that as part of this application process, I will be subjected to a pre-offer drug screening, criminal background check, motor vehicle background check.

In signing this application, I further authorize Office of Emergency Management, the Department of Fire and Emergency Services and/or their agents, the authority to verify any statements made on this application at their discretion and to obtain said verification from any local, state or federal agencies whether public or private when necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date